

The Housing First Model

- I. Introductions
- II. History/background on SFVCMHC, Inc. and the Homeless Continuum...Bonnie Roth, LCSW
 - A. Cornerstone-FCCS (1997): serving homeless, severely mentally ill adults for over 30 years. HUD/PATH grants
 - B. Full Service Partnership (2007)
 - C. Street to Home (2008, 2011)/Project 60+
 - 1. Home For Good
 - D. AB109

Housing First

- III. History of Street to Home and Basic Concepts of the Housing First Model...Anita Kaplan, LCSW
 - A. Research by Dr. Jim O'Connell
 - 1. certain conditions place a homeless individual at a higher risk than others for dying if they remain on the streets
 - 2. Vulnerability Index: survey used to identify individuals who have been homeless the longest and who are the most vulnerable.
 - B. Street to Home: 66 clients into permanent supportive housing and 15 pending.

- C. Target population for Street to Home
 - Trimorbid, vulnerable, chronically homeless in Van Nuys area
 - 2. Veterans (Project 60+)
 - 3. STH also using Multnomah Community Ability Scale: scale used to rate functional impairment
- D. Goal: "fast track" the most vulnerable, chronically homeless persons from the streets into permanent supportive housing
- E. Individuals were outreached using the Vulnerability Index and Multnomah Scale and all data was entered into a database
- F. High Tolerance/Low Demand
- G. Harm Reduction
- H. No terminations based on non-participation

Ruth's Story Victor's Story

- IV. Outreach and Engagement
 - A. Target area
 - B. Registry: by-name list of all those sleeping on the streets in the Van Nuys area.
 - 1. Vulnerability Index and Multnomah Scale
 - 2. Over 450 surveys conducted and entered into the database since 2009
 - C. Outreach strategies that work:
 - 1. Building rapport and trust over several face-to-face meetings on the street
 - 2. Food cards, vouchers, hygiene kits
 - 3. Transportation: Vans

- 4. Collaboration with community providers:
 Veterans' Administration, shelters, Housing
 Authority of City and County of Los Angeles,
 CHERRD (?) jail, hospital, local Law
 enforcement, mental health providers,
 churches, parks, health care centers,
 food banks, etc.
- 5. Outreach Worker assists with obtaining ID card, SSI card, applying for GR, etc.

What Works.....

- V. Case Management....Kim Anthony, Benefits SpecialistA. Strategies that work
 - 1. Establish Rapport: "Meet the client where they're at"
 - 2. Budgeting funds to have food cards and hygiene packets
 - 3. Case Management in the field ie. completing paperwork in the field
 - 4. Assist with transportation to the program and to appointments in the community

- B. Access to milieu services
 - 1. showers, lockers and laundry facilities
 - 2. Clothing, food and transportation
 - 3. Money Management
- C. Crisis Intervention
- D. Dual Recovery Services
- E. Support reunification with family members
- F. Linkage to Psychiatric Services, Health Services and Substance Abuse Services
- G. Advocacy with community providers i.e. Homeless Court

- H. Clients immediately applied for appropriate benefit entitlements: General Relief, Supplemental Security Income/Medical/VA Benefits
 - 1. Collaboration with SSA
 - 2. Educating SSA of Street to Home/Project 60+
 - 3. Building positive working relationships with various community providers such as DMV, SSA, VA and GR in order to expedite paperwork
- I. Clients immediately applied for SPC upon

- VI. Permanent Supportive Housing.....Gillian Hibbert, Housing Specialist
 - A. Essential elements of securing SPC/Section 8/HUD VASH (Veteran's Affairs Supportive Housing) housing
 - 1. Building strong rapport/collaboration with Housing Authority of the City and County of Los Angeles
 - 2. Building rapport with community landlords and providing immediate response to crisis in the field
 - 3. Pursuing ALL potential housing options
 - 4. Advocating for the client each step of the way
 - 5. Accessing ALL housing resources and being knowledgeable about housing within the community
 - 6. Conducting monthly home visits to ensure retention
 - 7. Housing Resources: Virtual Furniture Bank, IHSS, Lifeline
 - 8. Managing many changes with housing: Sequestration

B. United Way: Rapid Rehousing: 3 months

"Mr. Lambert"

- VII. Outcomes.....Anita Kaplan
 - A. Reduction in homelessness
 - B. Decreased hospitalization and incarceration
 - C. Decrease in use of emergency medical facilities
 - D. Improved mental health care
 - E. Decreased substance use

- F. Increased social support and peer support
- G. Reunification with family members
- H. Number in Permanent supportive housing: 66

HUD VASH: 7

SPC: 48

Section 8: 10

Other: 1

Pending applications: 15

- I: 95% have maintained housing after one year
- J. EVICTION PREVENTION

IX. Lessons Learned.....

- A. Initial contacts/outreach attempts and establishing strong rapport
- B. Daily, intensive, field-based case management services
- C. Individualizing services to client needs
- D. Intensive field-based case management upon client's move into the Apartment
- E. Team cohesiveness: daily communication, knowing individual strengths of each team member

- F. Self-care for staff
- G. Field safety training for staff
- H. Always having a "Plan B" regarding permanent housing options
- I. Client's right to self-determination: clients who willingly drop out of housing

Questions and Answer Session